



Client No. <b>2036</b>		Client Name <b>O. H. Metals</b>		Location <b>1002 OSWEGO ST</b>		Date <b>8/27/87</b>	
Facility Equipment <b>1V</b>	Detect Clock No. <b>—</b>	Weapon No. <b>—</b>	Holster <b>—</b>	Nightstick <b>—</b>	Raincoat <b>1V</b>	Flashlight <b>1V</b>	Other <b>3 Keys, Log Book + Phone</b>
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.				Officer—Day Shift (Name) <b>Kenneth Frelif</b>		Officer—Swing Shift (Name) <b>Dtc DelVecchio</b>	
Officer—Grave Shift (Name) <b>Dick Kokoszki</b>				Shift Began <b>8 AM</b> Ended <b>4 PM</b>		Shift Began <b>4 AM</b> Ended <b>12 PM</b>	
Shift Began <b>12 AM</b> Ended <b>8 PM</b>							
Observations or actions taken							
Yes	No	Explanation					
	<input checked="" type="checkbox"/>	Rounds or stations missed					
	<input checked="" type="checkbox"/>	Unlocked doors, gates or windows					
	<input checked="" type="checkbox"/>	Unlocked vaults or safes					
	<input checked="" type="checkbox"/>	Fire-smoke-or hazards					
	<input checked="" type="checkbox"/>	1. Extinguishers missing or defective					
	<input checked="" type="checkbox"/>	2. Sprinkler system defective					
	<input checked="" type="checkbox"/>	3. Fire doors or exits blocked					
	<input checked="" type="checkbox"/>	4. Rubbish accumulation					
	<input checked="" type="checkbox"/>	5. Motors running					
	<input checked="" type="checkbox"/>	6. Lights left burning					
	<input checked="" type="checkbox"/>	Injury hazards					
	<input checked="" type="checkbox"/>	Visitors <b>E.P.A. men on site</b>					
	<input checked="" type="checkbox"/>	Trespassing					
	<input checked="" type="checkbox"/>	Violation of company rules					
Remarks <b>(EPA) MEN ON SITE AT 7:20 AM (RK) 8:55 AM. EPA men left they said some of them will be back Monday (RK) Capt Miller came to look at wind clock &amp; left 2:25 PM (K.F.)</b>							
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>							
1. Were you injured during this tour?		Day Shift 1.		Day Shift 2.		Day Shift 3.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Did you suffer any illness?		Day Shift 1.		Day Shift 2.		Day Shift 3.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Have you reported all accidents coming to your attention?		Day Shift 1.		Day Shift 2.		Day Shift 3.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signatures		Day Shift 1.		Day Shift 2.		Day Shift 3.	
<b>Michael M. Miller</b>		<b>Kenneth Frelif</b>		<b>Dtc DelVecchio</b>		<b>Dick Kokoszki</b>	
Signatures		Day Shift 1.		Day Shift 2.		Day Shift 3.	
Signatures		Day Shift 1.		Day Shift 2.		Day Shift 3.	

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